Certified Municipal Finance Officer RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL

| Please complete the following ce | rtificate information: | Hellt OI | | | | | |
|--|---|--|------------|----------------------------------|-----------|---|-----------------------------------|
| Name (please print) | | CMFO No. | | Exp | . Date | | |
| Home Address: | | | | | | | |
| Home Pho | ne: | _ Work phone: | | | | | |
| As you complete an approas appropriate. List the number of Notice CERT-95-1. | oved seminar for continuing education conta of approved hours in the appropriate subject | net hours, fill in each column column. See Local Finance | ting | Financial and Debt Management | ng | Office Management / Ancillary Subjects | ogy d) |
| Course No. | Name of Seminar | Sponsor | Accounting | Financia Debt Ma | Budgeting | Office N | Information Technology (optional) |
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| As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1. | | | | Financial and Debt Management | ting | Office Management | nation ology nal) |
|--|--|------------------------------|-------------------------|----------------------------------|-----------|-------------------|---|
| Course No. | Name of Seminar | Sponsor | Accounting | Financ Debt N | Budgeting | Office / Ancil | Information Technology (optional) |
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| | Total Credit Hours | | | | | | |
| Renewal requires comp (4) contact hours in each of the | eletion of 30 contact hours of continuing edu e subject areas, except "Information Techno | cation credit. Applicants fo | or renewal category. | must o | btain a | minimum | of four |
| Certification of Attendance: | | | | | | | |
| | $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$ | | | | | | |
| 1 0 | ove which are required for the renewal of my c part may be grounds for suspension or revoca | | ,,, | | | | |

Upon completion of the continuing education requirements, please forward the application to: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for \$50 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. Please contact the Division of Local Government Services at (609) 292-4656 if you have any questions concerning completion of the application.

Date:

Government Services may request proof of my attendance at the above seminars anytime within six (6) months after the renewal date of my certification.

Signature: